



HAWAII STATE ETHICS COMMISSION
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P.O. BOX 616, HONOLULU, HAWAII 96809
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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
TAKAYAMA	LINDA	CHU	(808) 545-3060
MAILING ADDRESS (Street)			FAX
P. O. BOX 1196			(808) 545-1182
(City)	(State)	(Zip Code)	
HONOLULU	HAWAII	96807	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION		
ABBOTT LABORATORIES		
916-443-7464		
MAILING ADDRESS (Street)		
1127 11 TH Street, Suite 550		
FAX		
(City)	(State)	(Zip Code)
Sacramento	California	95814
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Barbara Ortega		916-443-7464
MAILING ADDRESS (Street)		FAX
1127 11 th Street, Suite 550		
(City)	(State)	(Zip Code)
Sacramento	California	95814

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (Indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

(Signature of Lobbyist)

(Date)

PART V AUTHORIZATION TO LOBBY

NAME Barbara Ortega		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
NAME OF ORGANIZATION (if applicable) ABBOTT LABORATORIES		TELEPHONE 916-443-7464	
MAILING ADDRESS (Street) 1127 11 TH Street, Suite 550		FAX	
(City) Sacramento	(State) California	(Zip Code) 95814	
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.			
(Signature of Authorizing Officer or Person Represented)		(Date)	